

PROJECT 10073 RECORD

1. DATE - TIME GROUP 20 June 1966 21/0230Z	2. LOCATION Centerville, Ohio (2 witnesses)
3. SOURCE Civilian	10. CONCLUSION Astro (Castor) <i>Prob. Astro JH</i>
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 1 hr & 3 minutes	11. BRIEF SUMMARY AND ANALYSIS Castor was setting at 312° AZ
6. TYPE OF OBSERVATION Ground Visual Bx	Observers saw cigar type orange colored object in the NW sky. Object was viewed for about one hour. In this time object moved downward about 6 degrees and slowly disappeared as two saucers (turned upside down) put close together.
7. COURSE NW	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Light

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred
b. Like a bright star
c. Sharply outlined
d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?	Yes	No	Don't know
b. Suddenly speed up and rush away at any time?	Yes	No	Don't know
c. Break up into parts or explode?	Yes	No	Don't know
d. Give off smoke?	Yes	No	Don't know
e. Change brightness?	Yes	No	Don't know
f. Change shape?	Yes	No	Don't know
g. Flash or flicker?	Yes	No	Don't know
h. Disappear and reappear?	Yes	No	Don't know

14. Did the object disappear while you were watching it? If so, how?

Sight

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind:

Cloud

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of:

Cloud

17. Tell in a few words the following things about the object:

a. Sound *No Sound*

b. Color *Orange*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

1/2 the object

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

Sketch

20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

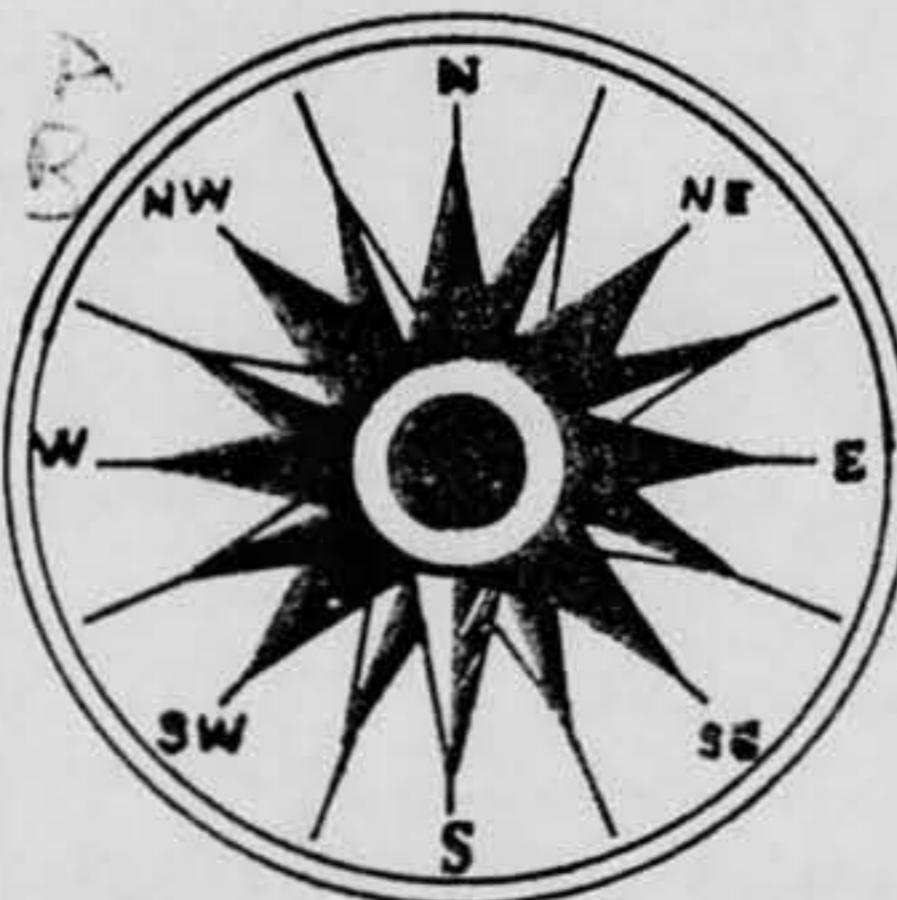
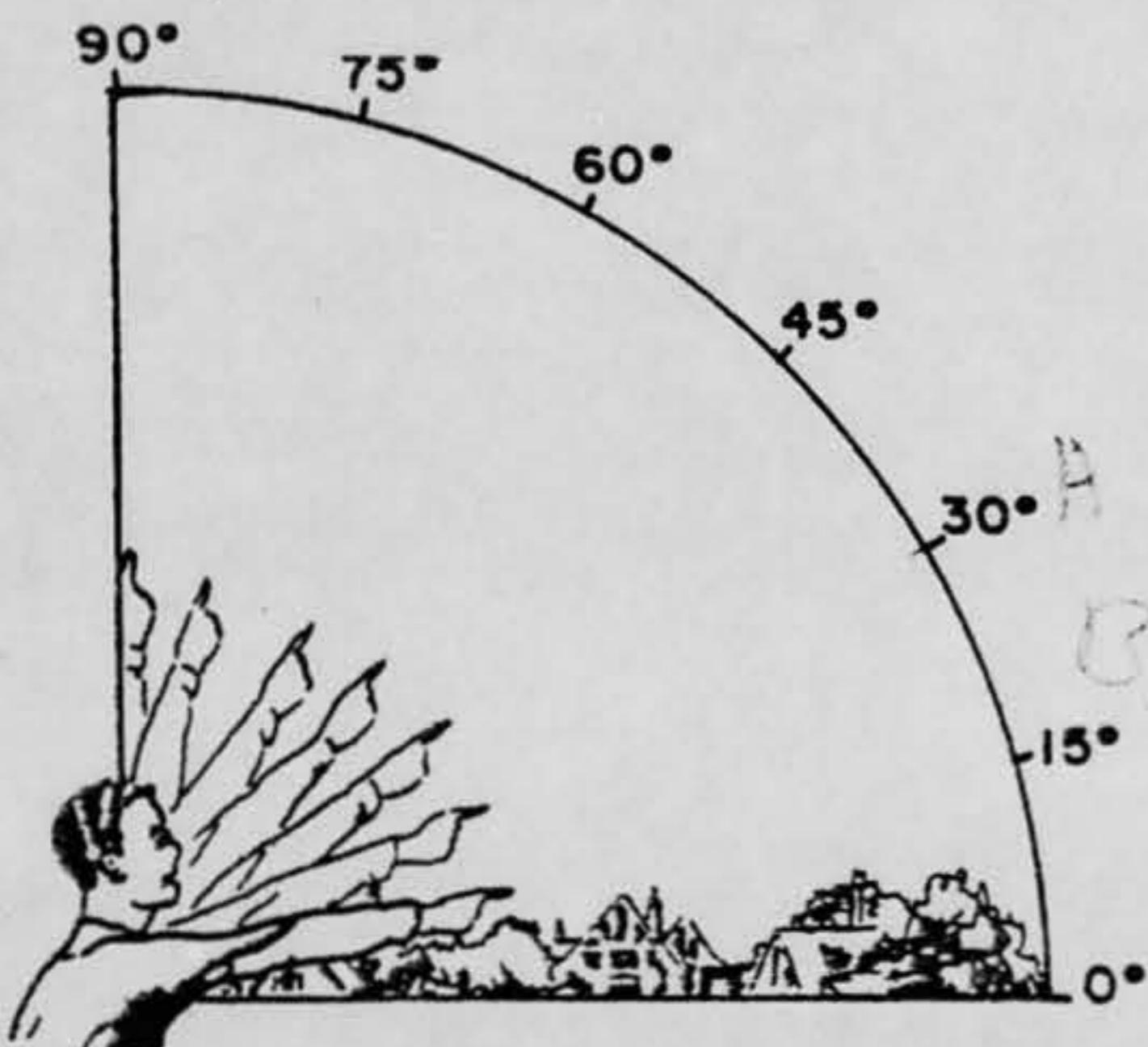
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other _____		

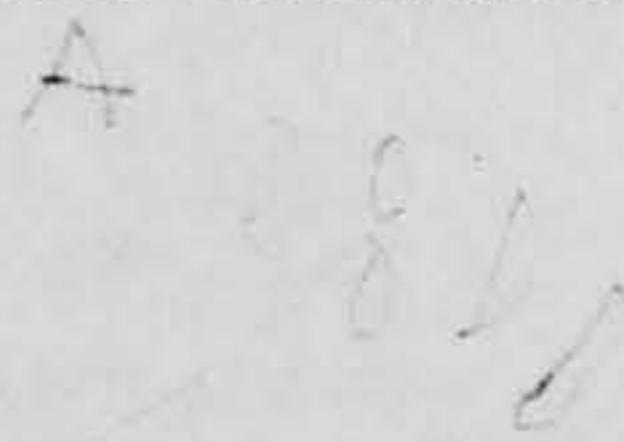
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Orange color

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

[REDACTED]

[REDACTED]
[REDACTED]

32. Please give the following information about yourself:

NAME _____

Last Name _____

First Name _____

Middle Name _____

ADDRESS _____

Street _____

City _____

Zone _____

State _____

TELEPHONE NUMBER _____

AGE 16 SEX _____

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day _____

Month _____

Year _____

[REDACTED]

34. Date you completed this questionnaire:

2 17
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

9 July 66

Conversation between Lt. Marley and [REDACTED] took place on above date.
[REDACTED] said that object was orange as compared to the stars. Object moved downward about 6 degrees during the observation.

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?	2. Time of day: <u>9</u> <u>30</u>	
<u>30</u> <u>June</u> <u>1961</u>	Hour Minutes	
Day Month Year	(Circle One): A.M. or <input checked="" type="radio"/> P.M.	
3. Time Zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other <u>Eastern Standard</u>	(Circle One): a. Daylight Saving b. Standard	
4. Where were you when you saw the object? <u>Capitol Hill</u>	City or Town	State or County
Nearest Postal Address		
5. How long was object in sight? (Total Duration)	<u>1</u> <u>3</u> <u>0</u>	
	Hours Minutes Seconds	
a. Certain b. Fairly certain	c. Not very sure d. Just a guess	
5.1 How was time in sight determined? <u>By my watch</u>		
5.2 Was object in sight continuously? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. What was the condition of the sky?		
DAY a. Bright b. Cloudy	NIGHT a. Bright b. Cloudy	
7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?		
(Circle One): a. In front of you b. In back of you c. To your right	d. To your left e. Overhead f. Don't remember	

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
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- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Look like the sun just before sunset.

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred
 b. Like a bright star
c. Sharply outlined
 d. Don't remember

e. Other _____

13. Did the object:

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

(Circle One for each question)

Yes	No	Don't know
Yes	No	Don't know
<u>Yes</u>	No	Don't know
Yes	No	Don't know
<u>Yes</u>	No	Don't know
Yes	No	Don't know
<u>Yes</u>	No	Don't know
Yes	No	Don't know

14. Did the object disappear while you were watching it? If so, how?

Yes, very slowly.

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No

Don't Know.

IF you answered YES, then tell what

it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of:

17. Tell in a few words the following things about the object:

a. Sound No sound.

b. Color Bright orange

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

About 1/2 the size of the object.

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



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(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____

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(Circle One) Yes No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

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- a. In the business section of a city?
- b. In the residential section of a city?
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24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- a. North
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24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

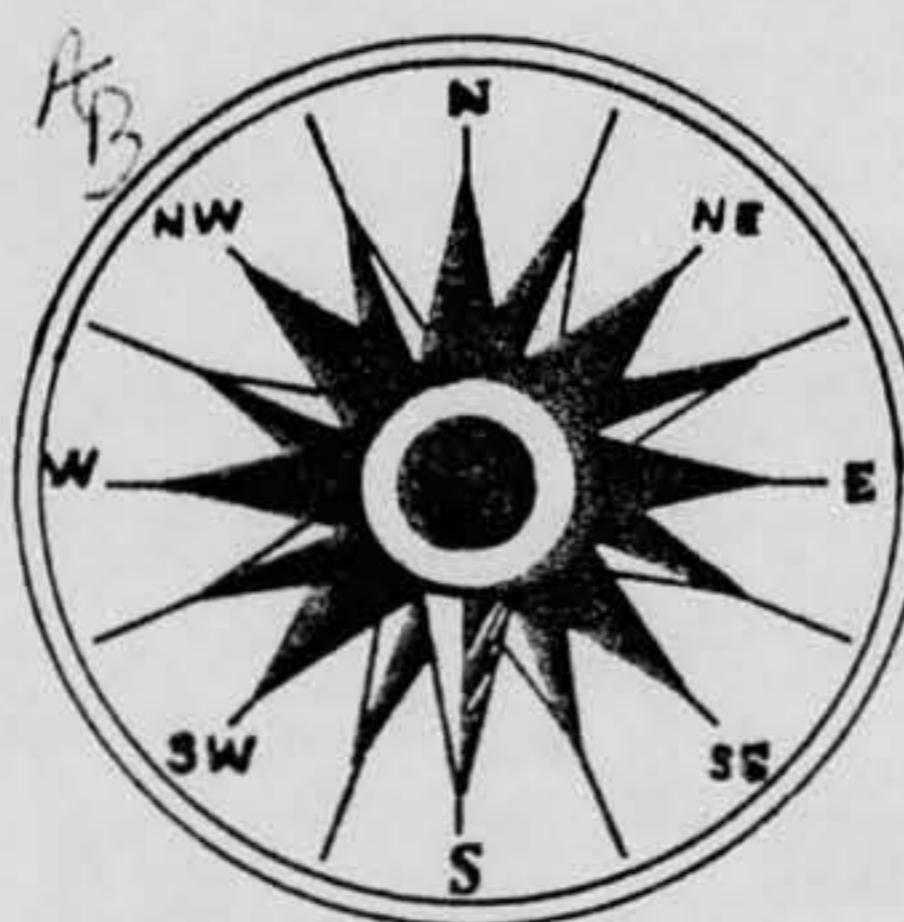
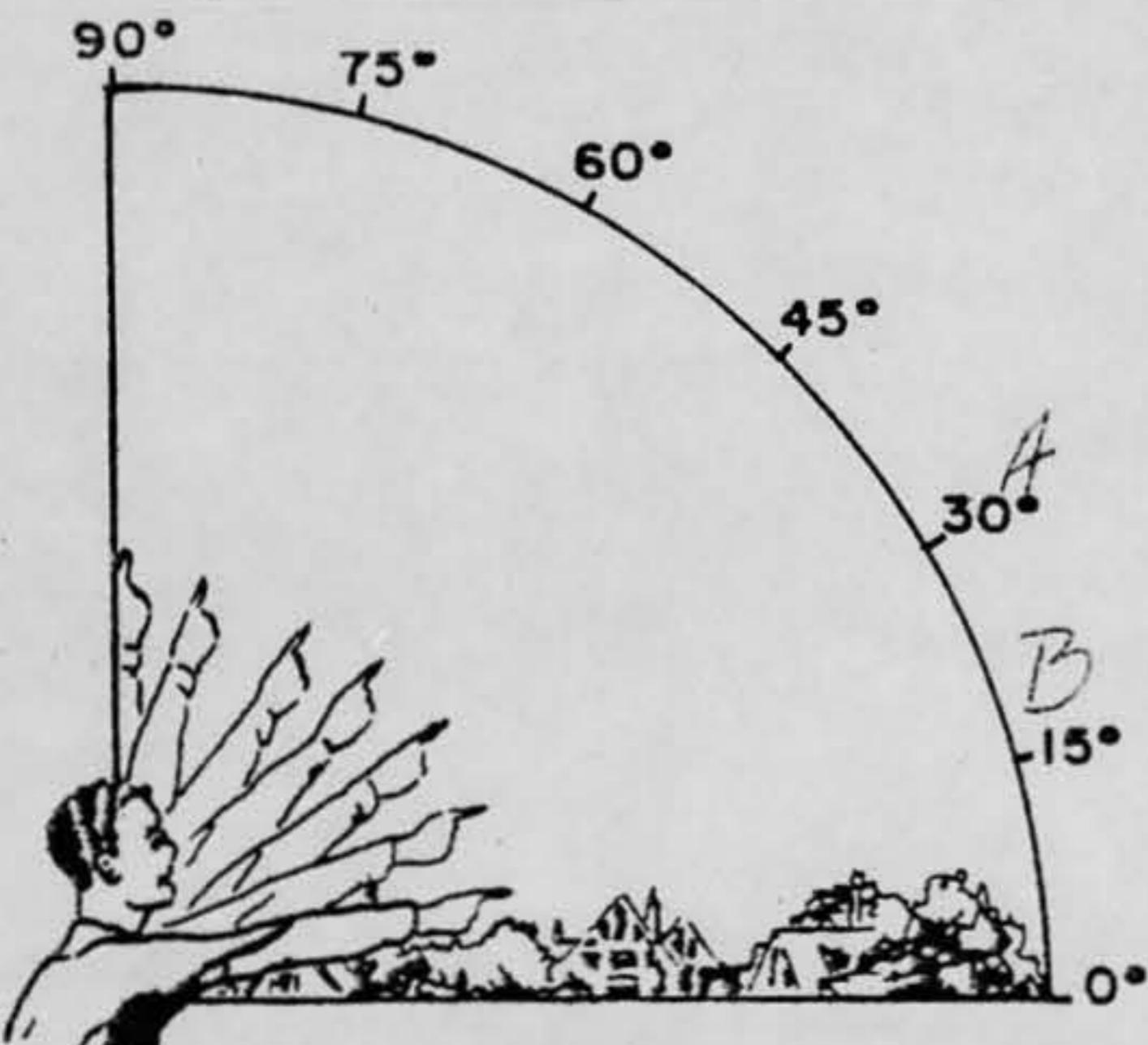
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	<input checked="" type="radio"/> No	e. Binoculars	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
b. Sun glasses	Yes	<input checked="" type="radio"/> No	f. Telescope	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
c. Windshield	Yes	<input checked="" type="radio"/> No	g. Theodolite	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
d. Window glass	Yes	<input checked="" type="radio"/> No	h. Other _____		

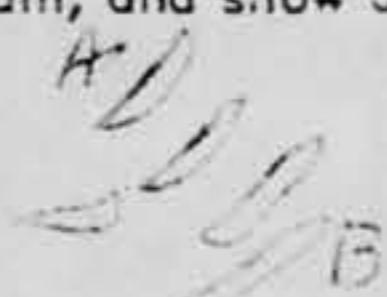
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Two saucers (turned upside - down) put close together.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



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31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list the names and addresses:

Dayton, Ohio 45454

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

20

Day

June

Year

My Mother

34. Date you completed this questionnaire:

25 June 1964

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

U.S. AIR FORCE TECHNICAL INFORMATION

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<p>1. When did you see the object?</p> <p style="text-align: center;">10 17</p> <p style="text-align: center;">Day Month Year</p>	<p>2. Time of day: _____ 30</p> <p style="text-align: center;">Hour Minutes</p> <p>(Circle One): A.M. or P.M.</p>						
<p>3. Time Zone:</p> <p>(Circle One): a. Eastern (Circle One): a. Daylight Saving b. Central b. Standard c. Mountain d. Pacific e. Other</p>							
<p>4. Where were you when you saw the object?</p> <p style="text-align: center;">[REDACTED]</p> <p style="text-align: center;">Nearest Postal Address, City or Town State or County</p>							
<p>5. How long was object in sight? (Total Duration)</p> <p style="text-align: center;">Hours Minutes Seconds</p> <p>a. Certain c. Not very sure b. Fairly certain d. Just a guess</p>							
<p>5.1 How was time in sight determined? _____</p>							
<p>5.2 Was object in sight continuously? Yes _____ No _____</p>							
<p>6. What was the condition of the sky?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">DAY</td> <td style="width: 50%; text-align: center;">NIGHT</td> </tr> <tr> <td>a. Bright</td> <td>a. Bright</td> </tr> <tr> <td>b. Cloudy</td> <td>b. Cloudy</td> </tr> </table>		DAY	NIGHT	a. Bright	a. Bright	b. Cloudy	b. Cloudy
DAY	NIGHT						
a. Bright	a. Bright						
b. Cloudy	b. Cloudy						
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One): a. In front of you d. To your left b. In back of you e. Overhead c. To your right f. Don't remember</p>							